

MARSHALL UNIVERSITY SCHOOL OF MEDICINE
ORTHOPAEDIC SURGERY RESIDENCY TRAINING
PROGRAM

**LETTER OF AGREEMENT FOR THE COOPERATIVE TRAINING OF
RESIDENTS/FELLOWS FROM MARSHALL UNIVERSITY JOAN C.
EDWARDS SCHOOL OF MEDICINE (MUSOM) AND SHRINERS
HOSPITAL FOR CHILDREN (Participating Site)**

This letter of agreement is an educational statement that sets forth important points of agreement between Marshall University School of Medicine (MUSOM) and Shriners Hospital for Children (SHC). This statement of educational purpose does not affect current contracts and institutional affiliation agreements between the two institutions.

This Letter of Agreement is effective from July 1, 2012, and will remain in effect for three (3) years, or until updated, changed, or terminated by the Marshall University Orthopaedic Surgery Residency Program and/or Shriners Hospital for Children. Such changes must be communicated with the MUSOM Office of Graduate Medical Education.

1. Persons Responsible for Education and Supervision

At MUSOM: Ali Oliashirazi, M.D., Program Director,

At SHC Todd Milbrandt, M.D., Site Director for **pediatric orthopaedics**

The above mentioned people are responsible for the education and supervision of the residents/fellows while rotating at Shriners Hospital for Children.

2. Responsibilities

The faculty at Shriners Hospital for Children must provide appropriate supervision of residents/fellows in patient care activities and maintain a learning environment conducive to educating the residents/fellows in the ACGME competency areas. The faculty must evaluate resident performance in a timely manner during each rotation or similar educational assignment and document this evaluation at completion of the assignment.

3. Content and Duration of the Educational Experiences

The content of the educational experiences has been developed according to ACGME Residency/Fellowship Program Requirements and are delineated in the attached goals and objectives for each rotation.

As program director, Dr. Ali Oliashirazi is ultimately responsible for the content and conduct of the educational activities at all sites, including Shriners Hospital for Children. The program director, Participating Site director and the faculty are responsible for the day-to-day activities of the residents/fellows to ensure that the outlined goals and objectives are met during the course of the educational experiences.

Rotations may be in two (2) week blocks, but generally rotations are a month in duration.

The day-to-day supervision and oversight of resident/fellow activities will be determined by the specialty service where they are assigned. Vanessa Goldman, Program Coordinator, is responsible for oversight of some resident/fellow activities, including coordination of evaluations, arrangements of conferences, sick leave, annual leave and benefits.

4. Assignments

MUSOM will provide to Shriners Hospital for Children the name of the resident(s)/fellow(s) assigned to the site, the service they will be training on and other relevant information. Residents/fellows will remain on MUSOM's payroll; remain eligible for all resident benefits, including annual leave, sick leave, and health insurance, etc. Resident's will be covered under MUSOM'S malpractice policy in the amount of one million dollars per occurrence. The policy also provides tail coverage and legal defense.

5. Responsibility for supervision and evaluation of residents

Residents will be expected to behave as peers to the faculty, but be supervised in all their activities commensurate with the complexity of care being given and the resident's own abilities and level of training. Such activities include, but are not limited to the following:

- Patient care in clinics, inpatient wards and emergencies
- Conferences and lectures
- Interactions with administrative staff and nursing personnel
- Diagnostic and therapeutic procedures
- Intensive Care unit or Ward patient care


The evaluation form will be developed and administered by the Marshall University Orthopaedic Surgery Residency Program. Residents will be given the opportunity to evaluate the teaching faculty, the clinical rotation, and Shriners Hospital for Children at the conclusion of the assignment.

6. Policies and Procedures for Education

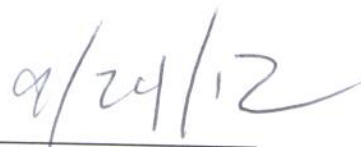
During assignments to Shriners Hospital for Children, residents/fellows will be under the general direction of MUSOM's Graduate Medical Education Committee's and Marshall University Orthopaedic Surgery Residency Program's Policy and Procedure Manual, as well as the policies and procedures of Shriners Hospital for Children for patient confidentiality, patient safety, medical records, etc.

7. Authorized Signatures


Shriners Hospital for Children



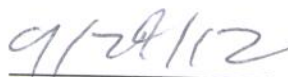
Todd Milbrandt, MD
Site Director



Date




Henry Iwinski, M.D.
Chief of Staff

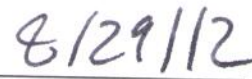


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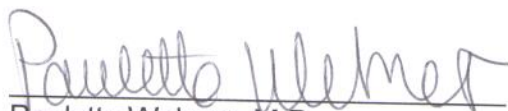
MUSOM




Ali Oliashirazi, M.D.
Program Director



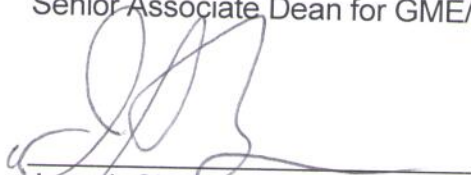
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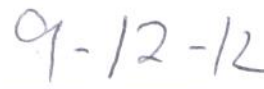
Paulette Wehner, M.D.
Senior Associate Dean for GME/DIO



Date



Joseph Shapiro, M.D.
Dean



Date

Shriners Hospitals for Children-Lexington Pediatric Orthopaedics Rotation Objectives

Introduction

Chester Tylkowski, MD directs the pediatric orthopaedics rotation at Shriners Hospitals for Children (100% SHC). There are four additional fellowship-trained pediatric orthopaedic surgeons at the Shriners Hospital: Todd Milbrandt MD (60% SHC, 40% University of Kentucky (UK) orthopedics), Janet Walker MD (80% SHC, 20% UK orthopedics), Vishwas Talwalkar MD (80% SHC, 20% UK orthopedics) and Henry Iwinski MD (80% SHC, 20% UK orthopedics). The residents are exposed to the full gamut of pediatric orthopaedic conditions and are directly supervised at all times.

Resident Rotation

The Marshall residents rotate in their third year of training. The length of rotation is four months a year per three residents. Their rotation is integrated into the current resident rotation schedule currently active at SHC.

Educational Goals and Objectives

The overall goal of the pediatric orthopaedic curriculum is to provide an atmosphere in which the residents can acquire the necessary knowledge, skills and attitudes required to be a competent orthopaedic surgeon. With this in mind, the educational experiences provided directly revolve around patient care and a problem-based learning environment. They are under direct supervision and are evaluated with respect to their interpersonal skills and professionalism as well as their overall knowledge.

In order to accomplish the general goals and objectives, the rotation provides an environment where critical thinking is fostered. The residents are given a teaching curriculum upon arrival and a complete orientation schedule is mandatory prior to initiation of the rotation. At the daily morning admissions conference, the resident presents the history and physical examination and

all pertinent studies for each patient admitted to the hospital. It is mandatory that all attending and resident staff participate in each conference. During these sessions, the resident is quizzed in an “oral boards” format and through this interaction critical information is transferred between the residents and the attendings. In this manner, the resident’s knowledge base can be evaluated. A weekly post-operative conference, as well as a non-surgical conference, reviews each patient’s outcome critically. There is a monthly journal club to critically review the current and classic orthopedic and related literature. The residents are responsible for planning and presenting a quarterly grand rounds with attending guidance. Each Friday afternoon there is a didactic session on the major topics in pediatric orthopaedics, followed by a gait conference in the Motion Analysis Laboratory.

The residents spread their time with each of the five pediatric orthopedists during their rotation at SHC and have an intensive one-on-one relationship in the outpatient, the inpatient and operating room. This interaction allows for the development, as well as evaluation, of critical judgment skills in the diagnosis and operative and non-operative management of children with pediatric orthopaedic conditions.

The residents are evaluated throughout the rotation, but specific mid-rotation and final-rotation evaluations are completed and combined with individual interviews with the program director. In addition, the resident has the opportunity to critically evaluate the rotation, teaching program as well as each attending physicians. A 360-degree evaluation of the resident by the nursing and rehabilitation staff is performed in the same time frame. Anonymity is maintained to allow for honest feedback.

Specific Educational Objectives

1. Residents are responsible for the initial evaluation of all new patients in the outpatient area and all operative and non-operative hospital admissions. Residents demonstrate the appropriate orthopaedic physical exam, identify the pertinent findings and order appropriate diagnostic and imaging studies.
2. Residents participate as active operative assistants, with progressive responsibility to primary surgeon as expertise develops. They discuss the indications for the procedures, the options for treatment, surgical anatomy and post-operative treatment.

3. Residents demonstrate competency in performing a physical exam on common pediatric orthopaedic conditions such as scoliosis, bow legs, knock knees, torsional deformities, pediatric hip exam, evaluation of foot deformities in children, evaluation of a child with neuromuscular conditions including cerebral palsy, myelomeningocele, Charcot Marie tooth disease, myopathies and muscular dystrophies. They demonstrate adequacy in the evaluation of congenital and acquired hand and upper extremity problems. The depth of knowledge is evaluated and is expected to increase as the resident progresses through their orthopaedic training.
4. Residents demonstrate knowledge of the orthopaedic literature, and are able to critically analyze articles and utilize them in the evaluation of management of the patients encountered. The resident demonstrates familiarity with the resources available in the hospital, including the library and electronic media.
5. Residents understand and demonstrate the concept of patient and family centered care in a multidisciplinary environment.